

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037829

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9753

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Winfield</b>	
Length of stay in 1b <b>10 minutes</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Winfield</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM DELBERT MEADOWS</b>			4. DATE OF DEATH Month Day Year <b>Sept 27, 1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>26 May 1921</b>	9. AGE (last birthday) <b>42</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer - const. (ret.)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen'l Const.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Willett Meadows</b>	13b. MOTHER'S MAIDEN NAME <b>Grace McHugh</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Meadows</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World war two</b>	16. SOCIAL SECURITY NO. <b>4200</b>	17. INFORMANT Address <b>Grace Meadows Winfield, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular fibrillation due to myocardial infarct 3 hrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>old Posterior infarct in anterior wall of HT</b>		DUE TO (c) <b>5 1/2 hrs</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4 yrs possible ruptured Chordae Tendineae or Papillary muscle</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Refer nature of injury in PART I or PART II of item 18.) <b>4200</b>
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20c. TIME OF INJURY Hour <b>3:42</b> p.m. Month, Day, Year <b>9/27/63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Winfield, Mo.</b>	COUNTY <b>Lincoln</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>12/6/60</b> to <b>9/24/63</b> and last saw her/him alive on <b>9/24/63</b>	Death occurred at <b>3:42 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>James P. Mead M.D.</b>	(Degree or title)	22b. ADDRESS <b>8230 FORSYTH CLAYTON 5, Mo.</b>	22c. DATE SIGNED <b>9/27/63</b>
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23a. BURIAL, CREMATION, REMOVAL, (Specify) <b>Removal-Burial</b>	23b. DATE <b>Sept. 29, 1963</b>	23c. NAME OF CEMETERY <b>Bethany</b>	23d. LOCATION (City, town, or county) <b>Winfield, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Ricks Funeral Home</b>	ADDRESS <b>Elsberry, Mo.</b>	25. REGISTRAR'S SIGNATURE <b>SEP 30 1963</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Gailou Keatts*

Licensed Embalmer No. \_\_\_\_\_

4012

P. O. Address \_\_\_\_\_

*Eleberry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.